

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042402

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

140

Primary Registration District No.

4229

Registrar's No.

95

STATE FILE NUMBER

FILED DEC 4 1962

1. PLACE OF DEATH

a. COUNTY Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN New Franklin

Length of stay in 1b
44 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 108 Chancellor

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard

c. CITY OR TOWN New Franklin

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
209 W. Broadway

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
HERBERT CASON EARICKSON

4. DATE OF DEATH Month Day Year
November 21 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Oct. 10, 1887

9. AGE (last birthday) 75
IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manager

10b. KIND OF BUSINESS OR INDUSTRY
Lumber yard

11. BIRTHPLACE (City and state or country)
Carroll County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
William W. Earickson

13b. MOTHER'S MAIDEN NAME
Virginia Shirley

14. NAME OF HUSBAND OR WIFE
Rose Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Mrs. Rose Earickson New Franklin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *acute myocardial infarction*

INTERVAL BETWEEN ONSET AND DEATH
± 10 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) *Hypertension - arteriosclerotic cardiovascular disease*

± 5 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-12-62 to 11-21-62 and last saw him alive on 11-21-62

Death occurred at 6:00 PM - m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

B. M. Stuart M. D.

22b. ADDRESS

329 Main Street, Boonville

22c. DATE SIGNED

11/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

Clarks Chapel

23d. LOCATION (City, town, or county)

Howard County

Missouri

24. FUNERAL DIRECTOR

Markland Hall New Franklin, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-27-62

26. REGISTRAR'S SIGNATURE

Katherine Welch

DEC 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom D Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.